FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level Officials and Managers 1.1			Job		SECTION II - Full-Time Employees.	2017	2. Year Report Filed	Yukon-Waltz Telephone Company 4157 Main Street Stahlstown, PA 15687	Name and Mailing Address of Respondent		
	0				0,	OI .	-		N	2		>	Male		Hispanic or Not-Hispanic or Latino Male			es.			one Comp	Respondent
	0											В	Female						Marc	3. Reporting	bany	
	0											С	White						March 4, 2017	g Period (Enc		
	0											D	Black or African American							Reporting Period (Ending Date of Pay Period Covered by Penod)		
	0											п	Native Hawaiian or Other Pacific Islander	×						ау		
	0											П	Asian	ale								
	0											G	American Indian or Alaska Native				Nun (Report emp		4. Number of Reporting a. Pe b. 16			
	0											п	Two or more races			Race/Ethnicity	Number of Employees (Report employees in only one category)		Reporting Period (check one): a. Fewer than 16 (complete Sections b. 16 or more (complete all sections)	4. Number of Full-Time Employees during Selected		
	0											-	White			y	oyees one category		ck one): complete Seconplete all sect			
	0											ſ	Black or African American				9	,	tions I, IV, an	ing Selected		
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	0											M	American Indian or Alaska Native								Che is a add	
	0								1			z	Two or more races								Check here if this is a change of address.	
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Title of Person Signing President & CEO		ify that to the best of my k	(Attach a list indicating parties i SECTION V - Certification	company before any body havi This is to advise the Commission	This is to advise the Commission	SECTION IV - Report of Discrimination Co	PREVIOUS YEAR TOTAL 11	TOTAL 10 0	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2	Executive/Senior Level Officials and Managers 1.1	P	Male		Categories	Job		SECTION III - Part-Time Employees.									
	Typed or Printed Name of Person Signing James J. Kail	formation, and be	involved, date file	ng competent ju	on that no compl	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	omplaints Purs	omplaints Purs	omplaints Purs	omplaints Purs	omplaints Purs	omplaints Purs	omplaints Purs	omplaints Purs		0											В	ale Female		Hispanic or Latino				
	rson Signing	elief, all stateme	ed, courts or ag	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	laints regarding			0											С	e White														
WILLFULLY FA		nts in this repo	encies before w		violations of the		22.321, 23.55, 90.168, 101.4	22.321, 23.55, 90.168, 101.	22.321, 23.55, 90.168, 101.		0											D	Black or African American											
ALSE STATEN	Si	rt are true and	vhich the matte		e equal employ					, 90.168, 101.4	, 90.168, 101.4		0											Е	Native Hawaiian or Other Pacific Islander	Male								
OR CONST	Signature	correct.	has been h		ment provisi	, and 101.31		0											F	Asian	Ф		R											
ON THIS F	Maril		eard, file num		ons of Federa	.		0											G	American Indian or Alaska Native				Num (Report emple										
ORM ARE PL			ber or other		l, state, territo		_			0											I	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	Number of Employees (Report employees in only one category)								
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3Y FINE AND 1) AND/OR FO			and current sta	ave been filed	statutes have been filed aga			0											ر	Black or African American														
OR IMPRISC			current status or disposition.	been filed against this company.														0											_	Native Hawaiian or Other Pacific Islander	Female			
NMENT (18 47 U.S.C. 50	Telephone No. (724) 593-2411		company. sition.	ainst this company.	ainst this					0											٦	Asian	nale											
U.S.C. 1001) 3).	3-2411								0											Z	American Indian or Alaska Native													
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).								0											z	Two or more races														
OCATION								0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total											